

**VOLUNTARY
PETITION**

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NEW YORK**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------------------|-----------|---------------|--|--|--|------|-------|-------|---------|---------|-----------|---|-------------------------------------|---|---|---|---|--|--|--|--|--|--|--|----------|-------|---------|---|------|-------|---------------|---------|--------|-------------------------------------|---|---|---|---|---|--|--|--|--|--|--|----------|-------|---------|---|------|-------|--------------|-------------------------------------|---|---|---|---|---|---|
| IN RE (Name of debtor--If individual, enter: Last, First, Middle) HETHERINGTON; R. CRAIG II | | NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle) HETHERINGTON, SUSAN D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL OTHER NAMES (including trade names, used by the debtor the last 6 years) NONE | | ALL OTHER NAMES (including trade names, used by the joint debtor in the last 6 years) NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS LIVINGSTON | SOC. SEC. NO/TAX I.D. NO. 1203 | COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS LIVINGSTON | SOC. SEC. NO. 6698 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS OF DEBTOR (No. and Street, City, State, and Zip Code) 6600 CLEARY ROAD #2 LIVONIA, NY 14487 | | STREET ADDRESS OF JOINT DEBTOR (No. and Street, City, State and Zip Code) 6600 CLEARY ROAD #2 LIVONIA, NY 14487 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS OF DEBTOR (If different from street address) | | MAILING ADDRESS OF JOINT DEBTOR (If different from street address) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above) | | VENUE (Check one) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFORMATION REGARDING DEBTOR (Check applicable boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Joint (Husband & Wife) <input type="checkbox"/> Corporation not Publicly Held <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Other | | CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case Ancillary to Foreign Proceeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF DEBT <input checked="" type="checkbox"/> Non-Business/Consumer <input type="checkbox"/> Business - Complete A & B below A. TYPE OF BUSINESS (Check one) <input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/Mining <input type="checkbox"/> Construction <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Stockbroker <input type="checkbox"/> Real Estate <input type="checkbox"/> Railroad <input type="checkbox"/> Other business B. BRIEFLY DESCRIBE NATURE OF BUSINESS | | FILING FEE (Check one) <input checked="" type="checkbox"/> Filing fee attached <input type="checkbox"/> Filing fee to be paid in installments (Applicable to individuals only) Must attach signed application for the Court's consideration certifying that the debtor is unable to pay fee except in installments Rule 1006(b): See Official Form No. 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATISTICAL/ADMINISTRATIVE INFORMATION (28 U.S.C. Sec. 604) (Estimates only) (Check applicable boxes) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="6">ESTIMATED NUMBER OF CREDITORS:</td> </tr> <tr> <td style="text-align: center;">1-15</td> <td style="text-align: center;">16-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-299</td> <td style="text-align: center;">1000-over</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">ESTIMATED ASSETS (In Thousands of Dollars)</td> <td colspan="4">ESTIMATED NO. OF EMPLOYEES- (Chapter 11 & 12 Only)</td> </tr> <tr> <td style="text-align: center;">Under 50</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-499</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1-19</td> <td style="text-align: center;">20-99</td> <td style="text-align: center;">100-999 1000+</td> </tr> <tr> <td style="text-align: center;">500-999</td> <td style="text-align: center;">1000 +</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">ESTIMATED LIABILITIES (In Thousands of Dollars)</td> <td colspan="4">ESTIMATED NO. OF EQUITY SHARE HOLDERS (Chapter 11 & 12 Only)</td> </tr> <tr> <td style="text-align: center;">Under 50</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-499</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1-19</td> <td style="text-align: center;">20-99</td> <td style="text-align: center;">100-499 500+</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </table> | | | | ESTIMATED NUMBER OF CREDITORS: | | | | | | 1-15 | 16-49 | 50-99 | 100-199 | 200-299 | 1000-over | — | <input checked="" type="checkbox"/> | — | — | — | — | ESTIMATED ASSETS (In Thousands of Dollars) | | | ESTIMATED NO. OF EMPLOYEES- (Chapter 11 & 12 Only) | | | | Under 50 | 50-99 | 100-499 | 0 | 1-19 | 20-99 | 100-999 1000+ | 500-999 | 1000 + | <input checked="" type="checkbox"/> | — | — | — | — | ESTIMATED LIABILITIES (In Thousands of Dollars) | | | ESTIMATED NO. OF EQUITY SHARE HOLDERS (Chapter 11 & 12 Only) | | | | Under 50 | 50-99 | 100-499 | 0 | 1-19 | 20-99 | 100-499 500+ | <input checked="" type="checkbox"/> | — | — | — | — | — | — |
| ESTIMATED NUMBER OF CREDITORS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-15 | 16-49 | 50-99 | 100-199 | 200-299 | 1000-over | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| — | <input checked="" type="checkbox"/> | — | — | — | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Under 50 | 50-99 | 100-499 | 0 | 1-19 | 20-99 | 100-999 1000+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500-999 | 1000 + | <input checked="" type="checkbox"/> | — | — | — | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Under 50 | 50-99 | 100-499 | 0 | 1-19 | 20-99 | 100-499 500+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | — | — | — | — | — | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF ATTORNEY AND LAW FIRM DESIGNATED TO REPRESENT THE DEBTOR (including phone number). (Print or type name) PAUL M. ALOI, ESQ. 1596 Monroe Avenue Rochester, NY 14618 (585) 442-0760 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COURT USE ONLY
Case No.:

VOLUNTARY PETITION

Name of Debtor(s):

NONE

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location

Case Number:

Date

Where Filed:

PRIOR BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER or AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

SIGNATURES

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If Petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under Chapter 7, 11, 12 or 13 of Title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under Chapter 7.

I request relief in accordance with the Chapter of title 11, United States Code, specified in this petition.

X Craig Hetherington II
Signature of Debtor. CRAIG HETHERINGTON II

X Susan D. Hetherington
Signature of Joint Debtor SUSAN D. HETHERINGTON

OCTOBER 13, 2005

Date

Signature of Attorney

X
Signature of Attorney for Debtor(s)

PAUL M. ALONZO, ESQ.

Printed Name of Attorney for Debtor(s)

1596 MONROE AVENUE

Address

ROCHESTER, NEW YORK 14618

(585) 442-0760

Telephone Number

Date: OCTOBER 13, 2005

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

___ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X
Signature of Attorney for Debtor(s) PAUL M. ALONZO Date 10/13/05

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

___ Yes, and Exhibit C is attached and made a part of this petition.

X No.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

UNITED STATES BANKRUPTCY COURT

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

The purpose of this notice is to acquaint you with four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$145 filing fee plus \$30 administrative fee)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under Chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you received a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.

5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$130 filing fee plus \$30 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family owned farm.

I, the debtor, affirm that I have read this notice.

OCTOBER 13, 2005

Date

Signature of Debtor

R. Craig Heitherington
R. CRAIG HEITHERINGTON

Case Number

SUSAN D. HEITHERINGTON

UNITED STATES BANKRUPTCY COURT

Western District of New York

In re: HETHERINGTON; R. CRAIG II & SUSAN D.

SUMMARY OF SCHEDULES

Case No.: _____
(If known)

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, H, and I in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amount from Schedules D, E and F to determine the total amount of the debtor's liabilities.

| NAME OF SCHEDULE | ATTACHED (Yes/No) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------|----------------------|----------------------|----------------------|
| A - Real Property | NO | 0 | 0 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| B - Personal Property | YES | 4 | 12,550.00 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| C - Property Claimed as Exempt by an Individual Debtor | YES | 1 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| D - Creditors Holding Secured Claims | NO | 0 | XXXXXXXXXXXXXXXXXXXX | 0 | XXXXXXXXXXXXXXXXXXXX |
| E - Creditors Holding Unsecured Priority Claims | YES | 1 | XXXXXXXXXXXXXXXXXXXX | 68,422.57 | XXXXXXXXXXXXXXXXXXXX |
| F - Creditors Holding Unsecured Non- Priority Claims | YES | 9 | XXXXXXXXXXXXXXXXXXXX | 196,171.83 | XXXXXXXXXXXXXXXXXXXX |
| G - Executory Contracts and Unexpired Leases | NO | 0 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| H - Co-debtors | NO | 0 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| I - Current Income of Individual Debtor(s) | YES | 1 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | 2262.00 |
| J - Current Expenditures of Individual Debtor(s) | YES | 1 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | 2270.00 |
| Total Number of Sheets of ALL Schedules | | 17 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| Total Assets | | | 12,550.00 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| Total Liabilities | | | | 264,594.40 | XXXXXXXXXXXXXXXXXXXX |

In re: HETHERINGTON, R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate, include any property in which the debtor holds right and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J" or "C" in the column labeled "Husband, Wife, Joint or Community)." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | H W J C | Current Market Value of Debtor's Interest in Property Without Deducting any Secured Claim | Amount of Secured Claim |
|--|---|------------------|--|----------------------------|
| NONE | | | | |
| Total> | | | 0 | |

(Report also on Summary of Schedules)

UNITED STATES BANKRUPTCY COURT

Western District of New York

In re: HETHERINGTON; R. CRAIG II & SUSAN D.

Debtor

SCHEDULE B - PERSONAL PROPERTY

Case No. _____
(If known)

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If a joint petition is filed, state whether husband, wife, or both own the property by placing an "H," "W," or "J" in the column labeled "Husband, Wife, or Joint." If the debtor is an individual, state the amount of any exemptions claimed in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

| Type of Property | N O N E | Description and Location of Property | H W J | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|---|-------------|--|
| 1. Cash on hand | X | | | 0 |
| 2. Checking, savings or other financial accounts certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | HSBC Bank Rochester, NY | J | 1500.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | 0 |
| 4. Household goods and furnishings, including audio, video and computer equipment. | | Personal household furnishings, including Old computer, CD Player, CD's, Beds, Tables, chairs & couch | J | 1500.00 |
| 5. Books, pictures and other art objects; antiques; stamp, coin, record, tape compact disc, and other collections or collectibles | | Personal books & pictures | J | 200.00 |
| 6. Wearing apparel | | Personal clothing | J | 400.00 |
| 7. Furs and jewelry | | Costume Jewelry | J | 50.00 |

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | H W J | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--|-------------|--|
| 8. Firearms and sports, photographic, and other hobby equipment | X | | | 0 |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each | X | | | 0 |
| 10. Annuities. Itemize and name each issuer. | X | | | 0 |
| 11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize. | | American Century IRA 401K through Lands End | H W | 2000.00 900.00 |
| 12. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | 0 |
| 13. Interests in partnerships or joint ventures. Itemize. | X | | | 0 |
| 14. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | 0 |
| 15. Accounts receivable. | X | | | 0 |
| 16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | 0 |
| 17. Other liquidated debts owing debtor include tax refunds. Give particulars | | Claim against Paula Hamp in Wisconsin | | 3000.00 |

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | H W J | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|---|-------------|--|
| 18. Equitable or future interests, life estates, and rights or powers exercisable for the | X | | | 0 |
| 19. Contingent and non-contingent interests in estate of decedent, death benefit plan, life insurance policy, or trust. | X | | | 0 |
| 20. Other contingent and unliquidated claims of every nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | 0 |
| 21. Patents, copyrights and other intellectual property. Give particulars. | X | | | 0 |
| 22. Licenses, franchises, and other general intangibles. Give particulars. | X | | | 0 |
| 23. Automobiles, trucks, trailers, and other vehicles and accessories. | | 1968 Dodge Charger not running | H | 1000.00 |
| | | 1977 Dodge Intrepid 117,000 miles | W | 2000.00 |
| 24. Boats, motors and accessories. | X | | | 0 |
| 25. Aircraft and accessories | X | | | 0 |
| 26. Office, equipment, furnishings and supplies. | X | | | 0 |
| 27. Machinery, fixtures, equipment, and supplies used in business. | X | | | 0 |
| 28. Inventory. | X | | | 0 |

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | H W J | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|---|-------------|--|
| 29. Animals | | 3 dogs & 2 cats | J | 0 |
| 30. Crops - growing or harvested. Give particulars | X | | | 0 |
| 31. Farming equipment and implements. | X | | | 0 |
| 32. Farm supplies, chemicals and feed. | X | | | 0 |
| 33. Other personal property of any kind not already listed. Itemize. | | | | |
| Total> | | | | 12,550.00 |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under

(Check one)

X 11 U.S.C. Sec. 522(b)(1) Exemptions provided in 11 U.S.C. Sec. 522(d). Note: These exemptions are available only in certain states.

_____ 11 U.S.C. Sec. 522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtors' domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Market Value of Property Without Deducting Exemptions |
|---|--------------------------------------|----------------------------|---|
| CASH IN HSBC, some are Wife's wages | NYS | 2500.00 | 800.00 |
| HSBC CHECKING, HIS SOCIAL SECURITY DISABILITY MONEY | NYS | 100.00 | 700.00 |
| PERSONAL FURNISHINGS, BOOKS, PICTURES & CLOTHING | NYS | 2100.00 | 2100.00 |
| IRA OF HUSBAND | NYS | 2000.00 | 2000.00 |
| 401K OF WIFE | NYS | 900.00 | 900.00 |
| 1997 DODGE INTREPID | NYS | 2400.00 | 2000.00 |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.

Debtor

**SCHEDULE D - CREDITORS HOLDING
SECURED CLAIMS**

Case No. _____
(If known)

INSTRUCTIONS:

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. If all secured creditors will not fit on this page, use the continuation page provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H--Codebtors. If a joint petition is filed, state whether husband, wife, or both are liable on each claim by placing an "H", "W", or "J" in the column labeled "Husband, Wife or Joint".

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred Nature of Lien, and Property Subject to Lien | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim Without Value of Collateral | Unsecured Portion, If Any |
|---|--------------------------------------|-----------------------------|--|--|--|--------------------------------------|---|---------------------------------|
| ACCOUNT NO. _____ | | | | | | | | |
| | | | Value \$ _____ | | | | | |
| ACCOUNT NO. _____ | | | | | | | | |
| | | | Value \$ _____ | | | | | |
| ACCOUNT NO. _____ | | | | | | | | |
| | | | Value \$ _____ | | | | | |
| ACCOUNT NO. _____ | | | | | | | | |
| | | | Value \$ _____ | | | | | |
| Subtotal > | | | | | | | | |
| Total > | | | | | | | | |

UNITED STATES BANKRUPTCY COURT
Western District of New York

In re: HETHERINGTON; R. CRAIG II & SUSAN D.

Case No. _____ **SCHEDULE E -- CREDITORS HOLDING
UNSECURED PRIORITY CLAIMS**

INSTRUCTIONS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, an account number if any, of all entities holding priority claims against the debtor on the property of the debtor, as of the date of the filing of the petition.

Start each new category of priority claims on a new sheet.

Do not include administrative expenses arising after the commencement of the case. See 11 U.S.C. Sec. 503.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on an appropriate schedule of creditors, and complete Schedule H--Codebtors. If a joint petition is filed, state whether husband, wife, or both are liable on each claim by placing an "H", "W", or "J" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

___ Check here if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheet.)

___ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. Sec. 507(a)(2).

___ **Wages, salaries and commissions.**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2,000 per employee earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. Sec. 507(a)(3).

___ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. Sec. 507(a)(4).

___ **Certain farmers and fishermen**

Claims of certain farmers, up to a maximum of \$2,000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. Sec. 507(a)(5).

___ **Deposits by individuals**

Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family or household use, that were not delivered or provided. 11 U.S.C. Sec. 507(a)(6).

X **Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as provided for in 11 U.S.C., Sec. 507(a)(7).

In re: HETHERINGTON; R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If known)

SCHEDULE E -- CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim | C O N I N G E N T | U N L Q U D A T E D | D I S T R I B U T E D | Total Amount of Claim | Amount Entitled to Priority |
|--|--------------------------------------|---------------------|--|---|--|---|-----------------------------|--------------------------------------|
| <u>ACCOUNT NO</u> INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999-0048 | NO | J | Income taxes for non-filing personal income tax 2001 | NO | NO | YES | 64,804.43 | 64,804.43 |
| <u>ACCOUNT NO</u> WISCONSIN DEPT. REVENUE 2135 RIMROCK ROAD PO BOX 8960 MADISON, WI 53708-8960 | NO | J | Income taxes 2001 | NO | NO | YES | 3618.14 | 3618.14 |
| <u>ACCOUNT NO</u> | | | | | | | | |
| <u>ACCOUNT NO</u> | | | | | | | | |
| <u>ACCOUNT NO</u> | | | | | | | | |
| <u>ACCOUNT NO</u> | | | | | | | | |
| <u>ACCOUNT NO</u> | | | | | | | | |
| <u>ACCOUNT NO</u> | | | | | | | | |
| <u>ACCOUNT NO</u> | | | | | | | | |

| | | |
|------------|-----------|-----------|
| Subtotal > | 68,422.57 | 68,422.57 |
| Total > | 68,522.57 | 68,422.57 |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.

Debtor

**SCHEDULE F -- CREDITORS HOLDING
UNSECURED NON PRIORITY CLAIMS**

Case No.: _____

(If known)

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include creditors listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H--Codebtors. If a joint petition is filed, state whether husband, wife, or both are liable on each claim by placing an "H", "W," or "J" in the column labeled "Husband, Wife, or Joint."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

____ Check here if debtor has no creditors holding unsecured non priority claims to report on this Schedule F.

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|---|--------------------------------------|---------------------|---|--|--|--------------------------------------|-----------------|
| ACCOUNT NO. 10625051 AURORA MEDICAL GROUP PO BOX 341457 MILWAUKEE, WI 53234-1457 | NO | W | Medical service for wife 7/6/04 | NO | NO | NO | 37.12 |
| ACCOUNT NO. 1535016 OMNI CREDIT SERVICES INC. 333 BISHOPS WAY #100 BROOKFIELD, WI 53005-6209 | | | Collection agency for above | | | | |
| ACCOUNT NO. AUTHENTIC AUTOMOTIVE, LLC 4969 S. PACKARD AVENUE CUDAHY, WI 53110 | NO | H | Restoration work on 1968 Dodge Charger | NO | NO | YES | 12,365.96 |
| Subtotal > | | | | | | | 12,403.08 |
| Total > | | | | | | | 12,403.08 |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If Known)

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|---|---------------------------------|---------------------|---|--|--|--------------------------------------|--------------------|
| ACCOUNT NO. 4004 5151 8570092816 BANK ONE CREDIT CO. c/o COMMERCIAL RECOVERY PO BOX 570909 DALLAS, TX 75357-0909 | NO | J | Revolving charge last used 2003 | NO | NO | NO | 13,097.64 |
| ACCOUNT NO. 288560 BIRMINGHAM LOAN CENTER U.S. DEPT. OF TREASURY FMS C/O PIONEER CREDIT RECOVERY PO BOX 530290 ATLANTA, GA 30353-0290 | NO | J | Blance due for short sale on flood damaged home through FEMA | NO | NO | NO | 64,805.90 |
| ACCOUNT NO. ALSO: PO BOX 189 ARCADE, NY 14009-0189 | | | | | | | |
| ACCOUNT NO. 4106 0821 2373 8968 CAPITAL ONE SERVICES PO BOX 60000 SEATTLE, WA 98190-6000 | NO | H | Revolving charge last used 2003 | NO | NO | NO | 4317.04 |
| ACCOUNT NO. MEL S. HARRIS & ASSOC. LLC 116 JOHN STREET SUITE 1510 NEW YORK, NY 10038 | | | Attorneys for above | | | | |
| ACCOUNT NO. 4121 7415 5851 0892 CAPITAL ONE c/o GLOBAL VANTAGE PO BOX 945 BROOKFIELD, WI 53008-0945 | NO | W | Revolving charge last used 2002 | NO | NO | NO | 564.76 |
| ACCOUNT NO. 4121 7415 5851 0892 NCO FINANCIAL SYSTEMS INC. PO BOX 8148 PHILADELPHIA, PA 19101-8148 | | | Collectors for above | | | | |
| Subtotal > | | | | | | | 82,785.34 |
| Total > | | | | | | | 95,188.42 |

In re: HETHERINTON; R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If Known)

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|---|--------------------------------------|---------------------|---|--|--|--------------------------------------|-----------------|
| ACCOUNT NO. 4388 6421 1616 9742 CAPITAL ONE c/o OSI COLLECTION PO BOX 550720 JACKSONVILLE, FL 3255-0720 | NO | W | Revolving charge last used 2003 | NO | NO | NO | 1141.78 |
| ACCOUNT NO. AMERICAN COLLECTIONS, ENTERPRISE, INC. PO BOX 30096 ALEXANDRIA, VA 22310-8096 | | | Collection agency for above | | | | |
| ACCOUNT NO. ASSOC RECOVERY SYSTEMS PO BOX 469048 ESCONDIDO, CA 92046-9048 | | | Collection agency for above | | | | |
| ACCOUNT NO. PCS PO BOX 397 FARMINGDALE, NY 11735-0397 | | | Collection agency for above | | | | |
| ACCOUNT NO. GERALD E. MOORE & ASSOC. PO BOX 724087 ATLANTA, GA 31139 | | | Attorneys for above | | | | |
| ACCOUNT NO. 4004 5151 8570 092816 CHASE AUTO FINANCE NATL RECOVERY GROUP A21-1196 201 N. CENTRAL AVENUE PHOENIX, AZ 85004 | NO | W | Reposessed auto 2005 | NO | NO | NO | 15,029.18 |
| ACCOUNT NO. 5491 1303 591728 63 CITI CARDS PO BOX 6077 SIOUX FALLS, SD 57117-6077 | NO | W | Revolving charge last used 2003 | NO | NO | NO | 4252.07 |
| Subtotal > | | | | | | | 20,423.03 |
| Total > | | | | | | | 115,611.45 |

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|--|--------------------------------------|---------------------|---|--|--|--------------------------------------|--------------------|
| <u>ACCOUNT NO.</u> COLLECT CORP 455 NORTH 3RD STREET #260 PHOENIX, AZ 85004 | | | current owner or collector of above account | | | | |
| <u>ACCOUNT NO.</u> CLIENT SERVICES PO BOX 1503 ST. PETERS, MO 63376 | | | Current owner or collector of above account | | | | |
| <u>ACCOUNT NO.</u> NES 29125 SOLON ROAD SOLON, OH 44139-3442 | | | Current owner or collector of above account | | | | |
| <u>ACCOUNT NO.</u> ACADEMY COLLECTION SERVICES PO BOX 16119 PHILADELPHIA, PA 19114-0119 | | | Current owner or collector of above account | | | | |
| <u>ACCOUNT NO.</u> 5458004029254321 DIRECT MERCHANTS BANK PO BOX 17036 BALTIMORE, MD 21297-0448 | NO | W | Revolving charge last used 2003 | NO | NO | NO | 8221.31 |
| <u>ACCOUNT NO.</u> CAPITAL MGT SERVICES 726 EXCHANGE STREET #200 BUFFALO, NY 14210 | | | Current owner or collector of above account | | | | |
| <u>ACCOUNT NO.</u> BRYAN K. LEVY, PC 3200 N. CENTRAL AVENUE #800 PHOENIX, AZ 85012 | | | Current owner or collector of above account | | | | |
| Subtotal > | | | | | | | 8221.31 |
| Total > | | | | | | | 123,832.76 |

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|---|--------------------------------------|---------------------|---|--|--|--------------------------------------|-----------------|
| ACCOUNT NO. 112 09951 DIRECT TV c/o RIDDLE & ASSOC. PO BOX 1187 SANDY, UT 84091-1187 | NO | W | Television service 2004 | NO | NO | NO | 267.64 |
| ACCOUNT NO. 386671 EMERGENCY MEDICAL ASSOC. c/o AMERICOLLECT PO BOX 1566 MANITOWOC, WI 54221-1566 | NO | W | Medical services 2003 | NO | NO | NO | 91.40 |
| ACCOUNT NO. 8532172684 EXXON - MOBIL PO BOX 4555 CRISTRM, IL 60197-4555 | NO | W | Revolving charge last used 2003 | NO | NO | NO | 505.17 |
| ACCOUNT NO. 27663 FISH, JOHN T. MD 324 W. MAIN STREET WAUKESHA, WI 53186 | NO | W | Medical services 3/28/04 | NO | NO | NO | 68.00 |
| ACCOUNT NO. 4746440000690700 FLEET CREDIT CARD c/o ENCORE REC. MGMT. INC. PO BOX 3330 OLATHE, KS 66063-3330 | NO | H | Revolving charge last used 2003 | NO | NO | NO | 1223.69 |
| ACCOUNT NO. 346-0351-02 FRONTIER TELEPHONE PO BOX 92853 ROCHESTER, NY 14692-2853 | NO | H | Telephone service 2005 | NO | NO | NO | 55.36 |
| ACCOUNT NO. 366707902 HAWTHORNE ARCHITECTURE c/o UNIVERSAL FIDELITY PO BOX 941911 HOUSTON, TX 77094-8911 | NO | H | Goods sold 2002 | NO | NO | NO | 77.94 |
| Subtotal > | | | | | | | 2289.20 |
| Total > | | | | | | | 126,121.96 |

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|---|--------------------------------------|---------------------|---|--|--|--------------------------------------|-----------------|
| <u>ACCOUNT NO. FMED 998 5139</u> HIGHLAND HOSPITAL PO BOX 278980 ROCHESTER, NY 14627 | NO | J | Medical services 8/05 | NO | NO | NO | 53.00 |
| <u>ACCOUNT NO. 6035320116503150</u> HOME DEPOT c/o GC SERVICES PO BOX 2667 HOUSTON, TX 77252-2667 | NO | W | Revolving charge last used 2003 | NO | NO | NO | 720.45 |
| <u>ACCOUNT NO. 94648000155576</u> HFC PO BOX 8873 VIRGINIA BEACH, VA 23450-8873 | NO | H | Personal loan 2001 | NO | NO | NO | 9137.24 |
| <u>ACCOUNT NO.</u> ANCHOR RECEIVABLES MGMT PO BOX 41003 NORFOLK, VA 23541-1003 | | | Present owner or collector of above account | | | | |
| <u>ACCOUNT NO. 3M1853700</u> MEDICAL COLLEGE PHYSICIANS PO BOX 13308 MILWAUKEE, WI 53213-0308 | NO | W | Medical services 5/04 | NO | NO | NO | 56.89 |
| <u>ACCOUNT NO. 54999-76149</u> NIAGARA MOHAWK (National 300 ERIE BLVD WEST SYRACUSE, NY 14487-9566 | Grid) NO | H | Utility services 2005 | NO | NO | NO | 250.87 |
| <u>ACCOUNT NO. V00003466097</u> NICHOLAS H. NOYES MEMORIAL HOSPITAL 111 CLARA BARTON STREET DANVILLE, NY 14437 | NO | J | Medical services 2005 | NO | NO | NO | 147.60 |
| Subtotal > | | | | | | | 10,366.05 |
| Total > | | | | | | | 136,488.01 |

Debtor

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|--|---------------------------------|---------------------|---|--|--|--------------------------------------|--------------------|
| ACCOUNT NO. _____ OAC, S.C. c/o COLLECTION ASSOC. PO BOX 250809 MILWAUKEE, WI 53225 | NO | H | Services rendered 2003 | NO | NO | NO | 98.29 |
| ACCOUNT NO. 11545900006 OCONOWOC MEMORIAL HOSPITAL c/o PRM PO BOX 1108 WAUKPSHA, WI 53187-1108 | NO | J | Medical services 2003 | NO | NO | NO | 1053.87 |
| ACCOUNT NO. 539764589 PEOPLE BOOKS PO BOX 362941 DES MOINES, IA 50336-2941 | NO | W | Goods purchased 2004 | NO | NO | NO | 34.90 |
| ACCOUNT NO. _____ NORTH SHORE AGENCY PO BOX 8901 WESTBURY, NY 11590-8901 | | | Collector for above | | | | |
| ACCOUNT NO. 4559-5210-0042-2222 PROVIDIAN PO BOX 660567 DALLAS, TX 75266-0567 | NO | H | Revolving charge last used 2003 | NO | NO | NO | 3297.14 |
| ACCOUNT NO. 39193 QURESHI, ARIF MD PO BOX 530 DANSVILLE, NY 14437-0530 | NO | W | Medical services 3/05 | NO | NO | NO | 10.20 |
| ACCOUNT NO. 421955 RADIOLOGY WAUKESIA c/o OLIVER ADJUSTMENT PO BOX 371068 MILWAUKEE, WI 53237-1068 | NO | H | Medical services 2003 | NO | NO | NO | 221.60 |
| Subtotal > | | | | | | | 4716.00 |
| Total > | | | | | | | 141,204.01 |

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|--|--------------------------------------|---------------------|---|--|--|--------------------------------------|-----------------|
| ACCOUNT NO. 397521-40-03 SBA - U.S. 200 WEST SANTA ANA BLVD SANTA ANA, CA 92701 | NO #950 | J | Balance due for federal flood funding 2003 | NO | NO | NO | 50,384.04 |
| ACCOUNT NO. 7891262-262574188/7511 SBC MIDWEST c/o SOUTHWEST CREDIT 5910 W. PLANO PKW #100 PLANO, TX 75093-4638 | NO | H | services rendered 2003 | NO | NO | NO | 264.48 |
| ACCOUNT NO. 0125386002-1 SPRINT PCS PO BOX 219554 KANSAS CITY, MO 64121-9554 | NO 554 | H | Telephone services 2005 | NO | NO | NO | 200.98 |
| ACCOUNT NO. ALLIED INTESTATE PO BOX 361475 COLUMBUS, OH 43236-1475 | | | Collector or current owner of above account | | | | |
| ACCOUNT NO. 772442-A21-52A STATE FARM MUTUAL PO BOX 8000 BALLSTON SPA, NY 12020 | NO | J | Car insurance 2005 | NO | NO | NO | 221.33 |
| ACCOUNT NO. 7278236 STRONG HEALTH PO BOX 278998 ROCHESTER, NY 14627-8998 ALSO: CHURCH STREET STATION, PO BOX 6772, NEW YORK, NY 10249-6772 | NO | J | Medical services 2005 | NO | NO | NO | 2000.00 |
| ACCOUNT NO. I.C. SYSTEMS PO BOX 64887 ST. PAUL, MN 55164-0887 | | | Collection agency for above | | | | |
| Subtotal > | | | | | | | 53,070.83 |
| Total > | | | | | | | 194,274.84 |

SCHEDULE F -- CREDITORS HOLDING UNSECURED NONPRIORITY
(Continuation Sheet)

| Creditor's Name and Mailing Address Including Zip Code | C O D E B T O R | H W J | Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, So State. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | Amount of Claim |
|--|--------------------------------------|---------------------|---|--|--|--------------------------------------|--------------------|
| <u>ACCOUNT NO. 1219</u> VLA BEST CARE PET MOTEL 918 W. SUNSET DRIVE WAUKESHA, WI 53189 | NO | H | Pet boarding 6/04 | NO | NO | NO | 300.00 |
| <u>ACCOUNT NO. 4871290</u> WAUKESHA MEMORIAL HOSPITAL c/o SCSi PO BOX 6250 MADISON, WI 53716-0250 | NO | W | Medical services 2003 | NO | NO | NO | 878.40 |
| <u>ACCOUNT NO.</u> PRM PO BOX 1108 WAUKESHA, WI 53187-1108 | | | Collector for above | | | | |
| <u>ACCOUNT NO. 305866000</u> WAUKESHA WATER UTILITY 115 DELAFIELD STREET WAUKESHA, WI 53188-3615 | NO | J | Water service 2004 former residence | NO | NO | NO | 70.55 |
| <u>ACCOUNT NO. 1214-953-144</u> WE ENERGIES PO BOX 2089 MILWAUKEE, WI 53201-2089 | NO | H | gas service at former residence 2004 | NO | NO | NO | 383.56 |
| <u>ACCOUNT NO. 2625741887511</u> SBC - WISCONSIN C/O COLLECTION BUREAU OF PO BOX 5013 HAYWARD, CA 94540-5013 | NO AMERICA | H | services rendered 2003 | NO | NO | NO | 264.48 |
| <u>ACCOUNT NO.</u> | | | | | | | |
| Subtotal > | | | | | | | 1869.99 |
| Total > | | | | | | | 196,171.83 |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If known)

SCHEDULE G -- EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or the lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this Schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

X Check here if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION AND NATURE OF CONTRACT OR LEASE. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY . STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| | |
| | |
| | |

SCHEDULE H -- CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

X Check here if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.

Case No. _____

**SCHEDULE I -- CURRENT INCOME
OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a Chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| Debtor's Marital Status: | DEPENDENTS OF DEBTOR AND SPOUSE | | |
|-----------------------------|---------------------------------|-----|--------------|
| | NAME: | AGE | RELATIONSHIP |
| MARRIED | NONE | | |

| Employment: | Debtor | Spouse |
|----------------------|----------|----------------------|
| Occupation | disabled | Clerk |
| Name of Employer | none | Lands End & Michaels |
| Employer I.D. Number | | |
| How long employed | | 10 Months |
| Address of Employer | | Henrietta, NY |

| Income: (Estimate of average monthly income) | DEBTOR | SPOUSE |
|---|--------|------------|
| Current monthly gross wages, salary and commissions (pro rate if not paid monthly) | \$ 0 | \$ 2000.00 |
| Estimated monthly overtime | \$ 0 | \$ 0 |
| | \$ 0 | \$ 2000.00 |
| SUBTOTAL | | |

LESS PAYROLL DEDUCTIONS

| | | |
|--------------------------------------|------|-----------|
| a. Payroll taxes and social security | \$ 0 | \$ 450.00 |
| b. Insurance | \$ 0 | \$ 0 |
| c. Union dues | \$ 0 | \$ 0 |
| d. Credit Union | \$ 0 | \$ 0 |
| e. Other (Specify): _____ | \$ 0 | \$ 0 |

| | | |
|--|------|------------|
| SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 0 | \$ 450.00 |
| TOTAL NET MONTHLY TAKE HOME PAY | \$ 0 | \$ 1550.00 |

| | | |
|--|-----------|------|
| Regular income from operation of business or profession or farm (attach detailed statement) | \$ 0 | \$ 0 |
| Income from real property | \$ 0 | \$ 0 |
| Interest and dividends | \$ 0 | \$ 0 |
| Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ 0 | \$ 0 |
| Social Security or other government assistance (Specify) <u>disability</u> | \$ 712.00 | \$ 0 |
| Pension or retirement income | \$ 0 | \$ 0 |
| Other monthly income (Specify) _____ | \$ 0 | \$ 0 |
| | \$ 0 | \$ 0 |

| | | |
|-----------------------------|-----------|------------|
| TOTAL MONTHLY INCOME | \$ 712.00 | \$ 1550.00 |
|-----------------------------|-----------|------------|

TOTAL COMBINED MONTHLY INCOME \$ 2262.00

Describe any increase or decrease of more than 10% in any of the above category anticipated to occur within the year following the filing of this document.

SCHEDULE J -- CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

____ Check here if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | | |
|--|-----------|--------------------------|
| Rent or home mortgage payment (include lot rented for mobile Home) | Rent apt. | \$ <u>600.00</u> |
| Are real estate taxes included? Yes <u>X</u> No _____ | | |
| Is property insurance included? Yes _____ No _____ | | |
| Utilities Electricity and heating fuel | | \$ <u>200.00</u> |
| Water and sewer | | \$ <u>0</u> |
| Telephone | | \$ <u>75.00</u> |
| Other _____ | | \$ <u>0</u> |
| Home Maintenance (Repairs and upkeep) | | \$ <u>0</u> |
| Food | | \$ <u>400.00</u> |
| Clothing | | \$ <u>50.00</u> |
| Laundry and dry cleaning | | \$ <u>20.00</u> |
| Medical and dental expenses prescriptions included | | \$ <u>350.00</u> |
| Transportation (not including car payments) | | \$ <u>200.00</u> |
| Recreation, clubs and entertainment, newspapers, magazines, etc. | | \$ <u>20.00</u> |
| Insurance (not deducted from wages or included in home mortgage payments) | | |
| Homeowner's or renter's | | \$ <u>30.00</u> |
| Life | | \$ <u>0</u> |
| Health | | \$ <u>75.00</u> |
| Auto | | \$ <u>0</u> |
| Other _____ | | \$ <u>250.00</u> |
| Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) <u>income taxes Wisconsin & federal</u> | | \$ <u>0</u> |
| Installment payments (In Chapter 12 and 13 cases, do not list payments to be included in plan) | | |
| Auto | | \$ <u>0</u> |
| Other _____ | | \$ <u>0</u> |
| Other _____ | | \$ <u>0</u> |
| Alimony, maintenance, and support paid to others | | \$ <u>0</u> |
| Payments for support of additional dependents not living at your home | | \$ <u>0</u> |
| Regular expenses from operation of business, profession, or farm (attach detailed statement) | | \$ <u>0</u> |
| Other _____ | | \$ <u>0</u> |
| TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) | | \$ <u>2270.00</u> |

(FOR CHAPTER 12 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

| | |
|---|-------------------|
| A. Total projected monthly income | \$ <u>2262.00</u> |
| B. Total projected monthly expenses | \$ <u>2270.00</u> |
| C. Excess income (A minus B) | \$ _____ |
| D. Total amount to be paid into each plan _____ | \$ _____ |
| (interval) | |

In re: HETHERINGTON; R. CRAIG II & SUSAN D.
Debtor(s)

Case No.

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information and belief. (Total shown on Summary page plus 1.)

Date OCTOBER 13, 2005

(4)

Signature

R. Craig Hetherington II
R. CRAIG HETHERINGTON II

Date OCTOBER 13, 2005

(X)

Signature

(Joint Debtor, if any) (If joint case, both spouses must sign.)
SUSAN D. HETHERINGTON

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (SEE 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed name of Bankruptcy Petition Preparer

Social Security No.

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____
Signature of Bankruptcy petition Preparer Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under Chapter 12 or Chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-20. Each question shall be answered. If the answer to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

"Insider". The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. Sec. 101(30)

1. Income from employment or operation of business.

None State the amount of income received annually by the debtor from employment, trade, or profession, or from operation of the debtor's business during the two years immediately preceding the commencement of this case. If a joint petition is filed, state income for each spouse separate. (Married debtors filing under Chapter 12 or Chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|---------------|------------|
| 2004 \$20,000 | wages wife |
| 2003 20,000 | wages wife |

2. Income other than from employment or operation of business.

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under Chapter 12 or Chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|------------|---------------------------|
| \$ 8544.00 | Social security - husband |

3. Payments to creditors.

None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|------------------|-------------|--------------------|
| STATE OF WISCONSIN | 9/05 | \$600.00 | \$3200± |

 X
None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under Chapter 12 or Chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|-----------------|-------------|--------------------|
|--|-----------------|-------------|--------------------|

4. Suits, executions, garnishments and attachments

None a. List all suits to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under Chapter 12 or Chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT AND LOCATION | STATUS OR DISPOSITION |
|--|----------------------|------------------------------|----------------------------|
| CAPITAL ONE LIVINGSTON COUNTY SUPREME COURT | MONEY JUDGMENT | LIVINGSTON COUNTY SUPREME | Recently filed Judgment |

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAMES AND ADDRESS OF PERSON
FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE
OF PROPERTY

CAPITAL ONE

9/05

HSBC Checking Acct

5. Repossessions, foreclosures and returns

X

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lien of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE
SALE, TRANSFER OR RETURN

DESCRIPTION AND
VALUE OF PROPERTY

6. Assignments and receiverships.

X

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF ASSIGNMENT
OR SETTLEMENT

X

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this cases. (Married debtors filing under Chapter 12 or Chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
CUSTODIAN

NAME AND LOCATION OF COURT,
CASE TITLE & NUMBER

DATE OF
ORDER

DESCRIPTION AND VALUE
OF PROPERTY

7. Gifts.

X
None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under Chapter 12 or Chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

a. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS. | DATE OF LOSS |
|--------------------------------------|---|--------------|
| HOUSE IN WISCONSIN | FLOOD LOSS | 2003 |

9. Payments related to debt counseling or bankruptcy

X
None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|------------------------------|--|---|
|------------------------------|--|---|

10. Withdrawals from a partnership or distributions by a corporation.

X
None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------------------------|---|
|--|-----------------------------------|---|

11. Other transfers.

X
None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|------|---|
|---|------|---|

12. Closed financial accounts.

X
None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under Chapter 12 or Chapter 12 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|------------------------------------|---|---------------------------------------|
|------------------------------------|---|---------------------------------------|

13. Setoffs.

X
None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under Chapter 12 or Chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another person.

X
None List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtor.

None If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|--|-----------|--------------------|
| 6600 CLEARY ROAD #2 Livonia, NY | SAME | 12/04 - Date |
| 2278 River Road Caledonia, NY | SAME | 6/06 - 12/04 |
| 1939 Highland Avenue Waukesha, WI 53186 | SAME | Prior - 6/06 |

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the two years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been a business, as defined above, within the two years immediately preceding the commencement of this case.)

16. Nature, location and name of business.

- X
None
- a. If the debtor is an individual, list the names and addresses of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the two years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the two years immediately preceding the commencement of this case.
- b. If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5 percent or more of the voting securities, within the two years immediately preceding the commencement of this case.
- c. If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5 percent or more of the voting securities within the two years immediately preceding the commencement of this case.

| NAME | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES OF OPERATION |
|------|---------|--------------------|--|
|------|---------|--------------------|--|

17. Books, records and financial statements.

- X
None
- a. List all bookkeepers and accounts who within the six years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
|------------------|-------------------------|

- X
None
- b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

X
None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

X
None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

18. Inventories

X
None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY

SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

19. Current Partners, Officers, Directors and Shareholders

X
None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

X
None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF
OF STOCK OWNERSHIP

20. Former partners, officers, directors and shareholders

X
None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

X
None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

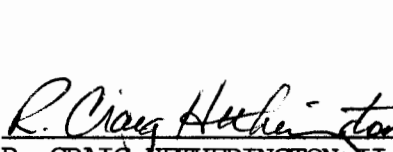
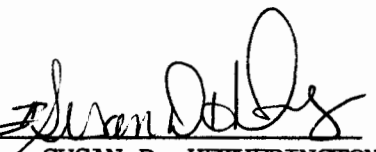
TITLE

DATE OF TERMINATION

* * * * *

I, R. CRAIG & SUSAN D. HETHERINGTON are under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and that they are true and correct to the best of my knowledge, information and belief.

Date: OCTOBER 13, 2005

Signature  
R. CRAIG HETHERINGTON II SUSAN D. HETHERINGTON

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Dated OCTOBER 13, 2005

(4)

Signature
of Debtor

R. Craig Hetherington II
R. CRAIG HETHERINGTON II

Dated: OCTOBER 13, 2005

(4)

Signature
of Joint Debtor
(if any)

Susan D. Hetherington
SUSAN D. HETHERINGTON

* * * * *

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Dated _____

Signature _____

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

In re: HETHERINGTON; R. CRAIG II & SUSAN D.
Debtor

Case No. _____
(If known)

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.

2. My intention with respect to the property of the estate which secures those consumer debts is as follows:

a. Property to be Surrendered.

| Description of Property | Creditor's Name |
|-------------------------|-----------------|
| 1. <u>NONE</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

b. Property to be retained [Check applicable statement of debtor's intention concerning reaffirmation, redemption, or lien avoidance.]

| Description of Property | Creditor's name | Debt will be reaffirmed pursuant to Sec. 524(c) | Property is claimed as exempt and will be redeemed pursuant to Sec. 722 | Lien will be avoided pursuant to Sec. 522(f) and property will be claimed as exempt. |
|-------------------------|-----------------|---|---|--|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |

3. I understand that Sec. 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the Court, or within such additional time as the Court, for cause, within such 45-day period fixes.

Dated: OCTOBER 13, 2005

④ R. Craig Hetherington Susan D. Hetherington
R. CRAIG HETHERINGTON II
SUSAN D. HETHERINGTON
Signature of Debtor

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

IN RE:

CASE NO.

R. CRAIG HETHERINGTON II
SUSAN D. HETHERINGTON

Debtor(s)

STATEMENT OF COUNSEL
(Pursuant to Rule 2016(b))

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 0.00
 - (c) the unpaid balance due and payable is \$ 750.00
3. \$ 0.00 of the filing fee in this case has been paid.
4. The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advise and assistance to the debtor(s) in determining whether to file a petition under Title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.
 - (d) disbursement for Judgment search of \$ 0.00 was also made.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed and
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
7. The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm any compensation paid or to be paid except as follows:

DATED: October 13, 2005

Respectfully submitted,

PAUL M. ALOI
Attorney for Petitioner

Attorney's name & address: PAUL M. ALOI, ESQ.
1596 Monroe Avenue
Rochester, NY 14618

Aurora Medical Group
PO Box 341457
Milwaukee, WI 53234-1457

Omni Credit Services Inc.
333 Bishops Way #100
Brookfield, WI 53005-6209

Authentic Automative, LLC
4969 S. Packard Avenue
Cudahy, WI 53110

Bank One Credit Oc.
c/o Commercial Recovery
PO Box 570909
Dallas, TX 75357-0909

Birmingham Loan Center
U.S. Dept. of Treasury FMS
c/o Pioneer Recovery
PO Box 530290
Atlanta, GA 30353-0290

ALSO:

PO Box 189
Arcade, NY 14009-0189

Capital One Services
PO Box 60000
Seattle, WA 98190-6000

Mel S. Harris & Assoc. LLC
116 John Street Suite 1510
New York, NY 10038

Capital One
c/o Gloval Vantedge
PO Box 945
Brookfield, WI 53008-0945

NCO Financial Systems Inc.
PO Box 8148
Philadelphia, PA 19101-8148

Capital One
c/o OSI Collection
PO Box 550720
Jacksonville, FL 3255-0720

American Collections, Enterprise Inc.
PO Box 30096
Alexandria, VA 22310-8096

Assoc. Recovery Systems
PO Box 469048
Escondido, CA 92046-9048

PCS
PO Box 397
Farmingdale, NY 11735-0397

Gerald E. Moore & Assoc.
PO Box 724087
Atlanta, GA 31139

Chase Auto Finance
Natl Recovery Group
A21-1196
201 N. Central Avenue
Phoenix, AZ 85004

Citi Cards
PO Box 6077
Sioux Falls, SD 57117-6077

Collect Corp.
455 North 3rd Street #260
Phoenix, AZ 85004

Client Services
PO Box 1503
St. Peters, MO 63376

NES
29125 Solon Road
Solon, OH 44139-3442

Academy Collection Services
PO Box 16119
Philadelphia, PA 19114-0119

Direct Merchants Bank
PO Box 17036
Baltimore, MD 21297-0448

Capital Mgt Services
726 Exchange Street #200
Buffalo, NY 14210

Bryan K. Levy, PC
3200 N. Central Avenue #800
Phoenix, AZ 85012

Direct TV
c/o Riddle & Assoc.
PO Box 1187
Sandy, UT 84091-1187

Emergency Medical Assoc.
c/o Americollect
PO Box 1566
Manitowoc, WI 54221-1566

Exxon - Mobil
PO Box 4555
Crlstrm, IL 60197-4555

John T. Fish MD
324 W. Main Street
Waukesha, WI 53186

Fleet Credit Card
c/o Encore Rec. Mgmt. Inc.
PO Box 3330
Olathe, KS 66063-3330

Frontier Telephone
PO Box 92853
Rochester, NY 14692-2853

Hawthorne Architecture
c/o Universal Fidelity
PO Box 941911
Houston, TX 77094-8911

Highland Hospital
PO Box 278980
Rochester, NY 14627

Home Depot
c/o CG Services
PO Box 2667
Houston, TX 77252-2667

HFC
PO Box 8873
Virginia Beach, VA 23541-1003

Anchor Receivables Mgmt
PO Box 41003
Norfolk, VA 23541-1003

Internal Revenue Service
Kansas City, MO 64999-0048

Medical College Physicians
PO Box 13308
Milwaukee, WI 53213-0308

Niagara Mohawk (National Grid)
300 Erie Blvd West
Syracuse, NY 14487-9566

Nicholas H. Noyes Memorial Hospital
111 Clara Barton Street
Dansville, NY 14437

OAAC, S.C.
c/o Collection Assoc.
PO Box 250809
Milwaukee, WI 53225

Oconowoc Memorial Hospital
c/o PRM
PO Box 1108
Waukpsha, WI 53187-1108

People Books
PO Box 362941
Des Moines, IA 50336-2941

North Shore Agency
PO Box 8901
Westbury, NY 11590-8901

Providian
PO Box 660567
Dallas, TX 75266-0567

Qureshi, Arif MD
PO Box 530
Dansville, NY 14437-0530

Radiology Waukesia
c/o Oliver Adjustment
PO Box 371068
Milwaukee, WI 53237-1068

SBA - U.S.
100 West Santa Ana Blvd #950
Santa Ana, CA 92701

SBC Midwest
c/o Southwest Credit
5910 W. Plano PKW #100
Plano, TX 75093-4638

Sprint PCS
PO Box 219554
Kansas City, MO 64121-9554

Allied Interstate
PO Box 361475
Columbus, OH 43236-1475

State Farm Mutual
PO Box 8000
Ballston Spa, NY 12020

Strong Health
PO Box 278998
Rochester, NY 14627-8998

ALSO:
Church Street Station
PO Box 6772
New York, NY 10249-6772

I.C. Systems
PO Box 64887
St. Paul, MN 55164-0887

VLA Best Care Pet Motel
918 W. Sunset Drive
Waukesha, WI 53189

Waukesha Memorial Hospital
c/o SCSI
PO Box 6250
Madison, WI 53716-0250

PRM
PO Box 1108
Waukesha, WI 53187-1108

Waukesha Water Utility
115 Delafield Street
Waukesha, WI 53188-3615

WE Energies
PO Box 2089
Milwaukee, WI 53201-2089

SBC - Wisconsin
c/o Collection Bureau of America
PO Box 5013
Hayward, CA 94540-5013

Wisconsin Dept. Revenue
2135 Rimrock Road
PO Box 8960
Madison, WI 53708-8960